

FACT SHEET January 2006

In fall 2006 the Office of Superintendent of Public Instruction (OSPI); the Department of Health (DOH); the Department of Social and Health Services' Division of Alcohol and Substance Abuse (DASA); the Department of Community, Trade and Economic Development (CTED); and the Family Policy Council (FPC) will conduct a survey to measure health behaviors and related risk and protective factors among Washington's Grades 6, 8, 10, and 12 students in public schools. This fact sheet answers important questions about the Healthy Youth Survey.

Q: What is the focus of the Healthy Youth Survey?

A: The Healthy Youth Survey focuses on health risk behaviors—such as violence and alcohol, tobacco, and other drug use—that can result in injury and/or impede positive development among youth. The survey also includes questions about risk and protective factors, which are attitudes and opinions that research has shown to be correlated with these health risk behaviors.

Q: How does the Healthy Youth Survey compare to surveys that have been administered in the past?

A. The Healthy Youth Survey 2006 will be very similar to 2002 and 2004. The Healthy Youth Survey combines two surveys used previously, the Washington State Survey of Adolescent Health Behavior (WSSAHB) and the Youth Risk Behavior Survey (YRBS). To accommodate a large number of items, the questionnaire for Grades 8, 10 and 12 has two forms, A and B, that will be interleaved before they are sent to the schools so that when they are passed out every other student will receive a different form. Both forms have a core set of 35 identical items. The last page on each form is a perforated answer sheet. Questions that are potentially sensitive are also on a perforated page (the second to last page), although they are important for planning and evaluating programs that serve youth. Schools must make the decision whether to remove the perforated page of questions prior to survey administration. All students in Grade 6 receive a shorter questionnaire, Form C. Each form includes a perforated page of questions that schools may choose to remove prior to survey administration.

Q: Why is the survey conducted?

A: The survey is used to identify and monitor factors that affect the health of youth in Washington. Because similar surveys were conducted across the state in 1988, 1990, 1992, 1995, 1998, 1999, 2000, 2002, and 2004, the survey results can indicate changes in health behaviors over time. In addition, prevention programs can use the results to identify important areas of need.

Q: Are all Washington students included in the state results?

A: No, only a sample of students in Grades 6, 8, 10 and 12 are included in the state results. Schools are selected across the state to provide a representative sample of the entire student population at these grades. In all, about 125 schools and 20,000 students contribute to the state results—approximately 6 percent of the student population at these grade levels.

Q: Does my school have to participate?

A: Participation in the survey is voluntary. Broad participation among the schools selected for the sample is, however, needed to obtain accurate estimates of the prevalence of the health risk behaviors.

Q: Why should my school participate?

A: This survey provides important information about adolescents in Washington, which can be used to guide policy and programs and to focus attention on the needs of youth. Pending Review Board approval, each school will receive a summary of its results (provided that student anonymity is protected; that is, at least 15 valid surveys must be completed at a given grade level) and statewide results for comparison. This information is provided at no cost to the schools and is very useful for guiding prevention program planning and fulfilling data requirements for programs led by county prevention coordinators, community mobilization coalitions, community public health and safety networks, and others. Schools decide whether or not to receive their results at the time they register to participate.

Q: Can my school participate if it is not selected for the sample?

A: Yes, schools not selected for the sample can participate and receive the results of the survey. The sponsoring agencies have agreed to cover the cost of nonsampled schools to participate in the survey.

Q: Are sensitive questions asked?

A: The survey includes questions related to unintentional and intentional injuries; physical activity and dietary behaviors; alcohol, tobacco, and other drug use; and related risk and protective factors. Unless questions in these topic areas are asked honestly and straightforwardly, we cannot know the degree to which Washington's youth engage in these health risk behaviors. The survey does not include questions about sexual behavior or education. Certain sensitive questions are included on a separate page that schools can choose to remove.

Q: Is student participation voluntary? Are answers anonymous?

A: Student participation is completely voluntary and anonymous and the administration procedures are designed to protect student privacy and anonymity. Students are not asked for their names or identification numbers. When they finish the survey, students place their completed survey in a box or envelope with no personal identifiers. The box or envelope of completed surveys is then sealed and shipped to the contractor for optical scanning and analysis. Students may elect to participate in an alternative activity if they do not wish to complete the survey.

Q: How is the survey coordinated at each school?

A: Each participating school has a designated survey coordinator, and each school district or ESD has a central coordinator for the survey effort. These spokespersons and coordinators have additional information on the survey, its administration instructions, and uses of the results.

Q: Can I review the survey?

A: Yes, a copy of the survey is available in the office of each school.

Q: How long does it take to complete the survey?

A: One class period is needed to complete the survey. All questions are self-report and no physical tests or exams are involved.

Q: Do students answer the questions truthfully?

A: Both national research and the experience in Washington indicate that the data collected are generally accurate when students are informed of the importance of the information and that their responses are completely anonymous. Internal reliability checks help identify surveys that obviously have been answered carelessly and these surveys are discarded from the sample. In addition, students always have the option of not answering questions to which they do not feel comfortable responding.

Q: When is the survey conducted? When are results available?

A: The survey will be administered during October 9-13, 2006. Results will be available in mid-March, 2007.

Q: How will this information be used?

A: Information from the Washington State Healthy Youth Survey can be used to meet a variety of needs at the community and state levels.

Q: How can I find out which schools have registered to participate in the Healthy Youth Survey 2006?

A: You can visit the forthcoming Healthy Youth Survey 2006 web site to check on school registration and to look up school codes needed to complete the registration form.

The survey provides information that can be used to identify the importance of various health risk behaviors. This information can inform resource and policy decisions such as how to target interventions. Those who receive the survey results may choose to share it with other community organizations. The items that were asked in previous years can be used to identify trends or changes in the patterns of behavior over time. The state-level data can be used to compare Washington results to the results from other states that conduct similar surveys and to national results. Legitimate researchers and educational and health officials will have access to the data. At the state and federal levels, a variety of interests are competing for limited resources and the results of this survey can be and have been used to provide evidence for the high priority of the important issues identified.